PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 450101-03636

CLAIMS AS FILED - PA (Column 1)					RT I (Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			19				[RATE	FEE) 	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		İ	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		· 0		Ì	X\$ 9=		OR	X\$18=	0	
INDEPENDENT CLAIMS			/ minus 3 =		. 9			X42=		OR	X84=	756	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	0	
* If the difference in column 1 is less than zero,					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	1496	
CLAIMS AS AMENDED - PART II								Į.		ļ	OTHER	THAN	
		(Column 1)	(Colur					SMALL ENTITY		OR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	, ,	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	i	X\$ 9=	:	OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
							ł	TOTAL		ł	TOTAL		
		(0.1		(Onl)	0\	(Caluma 2)		ADDIT. FEE	<u> </u>	OR	ADDIT. FEE		
_	1,400 (1) (1) (1) (1) (1) (1) (1) (1) (1)	(Column 1) CLAIMS			imn 2) HEST	(Column 3)	1		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=	ן [X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	וו	X42=		OR	X84=		
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		ָ נ	+140=		1	+280=		
								TOTAL		OR	TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS			umn 2) HEST	(Column 3)	١.					· ·	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X42=		OR	V04		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						J			10''			
					•A* '= :	aluma 3		+140=		OR			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
**	*If the "Highest Nu The "Highest Nur	umber Previously I mber Previously P	Paid For" IN Th aid For" (Total o	115 SPACI or Indeper	= is less th ident) is th	an 3, enter "3." e highest numb			propriate bo	ox in c	olumn 1.		